



**CITY OF SUGAR LAND  
ENGINEERING DEPARTMENT  
DESIGN STANDARDS VARIANCE REQUEST**

SUBMITTAL REQUIREMENTS:	_____	Completed Variance Request Form
	_____	\$500 Application Fee (Fee is non-refundable. Fee is waived if variance request is concurrent with plat process and associated platting fee.)
	_____	Three (3) copies of the Site Plan
	_____	A Vicinity Map
	_____	Variance Justification (attached sheet)

**Applicant's Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Property Location/Description:** \_\_\_\_\_

This is a (    ) new    (    ) existing building.

**Variance Information:**

General Description of Variance Requested: \_\_\_\_\_

Section of Design Standards from which Variance is being sought: \_\_\_\_\_

Variance Justification: (Please attach a separate sheet)

1. Will granting of the variance improve the function and use of the land involved? (If yes, describe how it will improve it.)
2. Will granting of the variance be detrimental to the public health, safety or welfare or injurious to other property in the area?
3. Is granting of the variance necessary for the reasonable use of this property? (If yes, describe how it is necessary.)
4. Is this variance an appropriate design solution? (if yes, why is it appropriate.)

**Note:** This request will not be accepted by the City unless it is accompanied by the required data and the appropriate fee in the form of cash or check made payable to the City of Sugar Land.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions, please call the Engineering Department at (281) 275-2780.**